115 SOUTH VAN BUREN STREET

GREEN BAY 54301 Phone: (920) 431-7181 Ownership: Nonprofit Church-Related
Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: FDDs
Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No
Number of Beds Set Up and Staffed (12/31/00): 50 Title 18 (Medicare) Certified? No
Total Licensed Bed Capacity (12/31/00): 50 Average Daily Census: 43
Number of Residents on 12/31/00: 44

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Services Provided to Non-Residents		Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%			
Home Health Care No Supp. Home Care-Personal Care No		Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year 1 - 4 Years	9. 1 15. 9
Supp. Home Care-Household Services	No	Developmental Disabilities	100.0	Under 65	93. 2	More Than 4 Years	75. <b>0</b>
Day Servi ces	No	Mental Illness (Org./Psy)	0. 0	65 - 74	2. 3		
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	4. 5		100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	0.0	****************	******
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & 0ver	0.0	Full-Time Equivalent	t
Congregate Meals	No	Cancer	0.0			Nursing Staff per 100 Res	si dents
Home Delivered Meals	No	Fractures	0. 0		100. 0	(12/31/00)	
Other Meals	No	Cardi ovascul ar	0. 0	65 & 0ver	6.8	[	
Transportation	No	Cerebrovascul ar	0. 0			RNs	2. 3
Referral Service	No	Di abetes	0. 0	Sex	%	LPNs	8. 0
Other Services	No	Respi ratory	0. 0			Nursing Assistants	
Provide Day Programming for		Other Medical Conditions	0. 0	Male	<b>59</b> . 1	Aides & Orderlies	35. 3
Mentally Ill	Yes			Female	40. 9		
Provide Day Programming for			100. 0				
Developmentally Disabled	Yes				100. 0		
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## Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			0th	0ther		Private Pay			Manageo	l Care		Percent
			Per Dien	n		Per Die	m		Per Diem	1	]	Per Diem	1	Ĭ	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0	\$0.00	ŏ	0. 0%
Intermediate				0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Dev. Di sabl ed				44 1	00.0	\$94.87	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	44	100.0%
Traumatic Brain Inj		0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0%
Ventilator-Depender	ıt O	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	<b>\$0. 00</b>	0	0.0	\$0.00	0	0.0	<b>\$0. 00</b>	0	0.0%
Total	0	0. 0		44 1	00.0		0	0.0		0	0.0		0	0.0		44	100.0%

Admissions, Discharges, and Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Deaths During Reporting Period % Needi ng Total Assi stance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents 4.4 Private Home/With Home Health 1.9 Baťhi ng 0.0 64.7 35. 3 102 Other Nursing Homes 5.0 Dressi ng 2. 9 66. 7 30. 4 102 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Transferri ng 10.8 84.9 67. 6 21.6 102 0.0 Toilet Use 9.8 61.8 28. 4 102 0.0 Eati ng 63. 7 23.5 12.7 102 Other Locations \*\*\*\*\*\* 3.8 Total Number of Admissions Continence Special Treatments 159 Receiving Respiratory Care Receiving Tracheostomy Care Receiving Suctioning Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 6. 9 7.8 Private Home/No Home Health 7.3 Occ/Freq. Incontinent of Bladder 49.0 0.0 Private Home/With Home Health 23.8 Occ/Freq. Incontinent of Bowel 0.0 42. 2 Other Nursing Homes 2. 6 3.9 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 29. 1 Mobility 1.0 Physically Restrained 0.0 1.0 39. 2 0.0 Other Locations 9. 9 Skin Care Other Resident Characteristics 27. 2 3. 9 Deaths With Pressure Sores Have Advance Directives 85.3 Total Number of Discharges With Rashes 3. 9 Medi cati ons Receiving Psychoactive Drugs 151 54.9 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

		Owne	ershi p:	Bed	Bed Size:		ensure:		
	Thi s		ori etary		- 199	Ski l	led	All Facilities	
	Facility		Group		Group		Group		
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	69. 8	82. 5	0. 85	<b>83</b> . 6	0. 83	<b>84</b> . 1	0. 83	<b>84</b> . 5	0.83
Current Residents from In-County	83. 3	83. 3	1.00	86. 1	0. 97	83. 5	1.00	77. 5	1.08
Admissions from In-County, Still Residing	28. 9	19. 9	1. 45	22. 5	1. 29	22. 9	1. 26	21. 5	1. 35
Admissions/Average Daily Census	163. 9	170. 1	0. 96	144. 6	1. 13	134. 3	1. 22	124. 3	1. 32
Discharges/Average Daily Census	155. 7	170. 7	0. 91	146. 1	1.07	135. 6	1. 15	126. 1	1. 23
Discharges To Private Residence/Average Daily Census	48. 5	70.8	0. 68	56. 1	0. 86	53. 6	0. 90	49. 9	0.97
Residents Receiving Skilled Care	96. 1	91. 2	1. 05	91. 5	1.05	90. 1	1. 07	83. 3	1. 15
Residents Aged 65 and Older	94. 1	93. 7	1.00	92. 9	1.01	92. 7	1.02	87. 7	1.07
Title 19 (Medicaid) Funded Residents	61.8	62. 6	0. 99	63. 9	0. 97	63. 5	0. 97	69. 0	0. 90
Private Pay Funded Residents	26. 5	24. 4	1. 08	24. 5	1.08	27. 0	0. 98	22. 6	1. 17
Developmentally Disabled Residents	1. 0	0.8	1. 27	0.8	1. 19	1. 3	0. 78	7. 6	0. 13
Mentally Ill Residents	10. 8	30.6	0. 35	36. 0	0.30	37. 3	0. 29	33. 3	0. 32
General Medical Service Residents	38. 2	19. 9	1. 92	21. 1	1.81	19. 2	1. 99	18. 4	2.07
Impaired ADL (Mean)	54. 3	48. 6	1. 12	50. 5	1. 08	49. 7	1.09	49. 4	1. 10
Psychol ogi cal `Probl ems	54. 9	47. 2	1. 16	49. 4	1. 11	50. 7	1.08	50. 1	1. 10
Nursing Care Required (Mean)	7. 5	6. 2	1. 21	6. 2	1. 21	6. 4	1. 16	7. 2	1.05